

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1576

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3030		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>717 N. Mill St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Reuben</u> c. (Last) <u>Mattingly</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 - 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 9 - 1865</u>	
9. AGE (in years last birthday) <u>84</u>		10. MONTHS <u>11</u>		11. DAYS <u>10</u>		12. HOURS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Perryville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James Mattingly</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Stone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Carl Grossman Festus Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease (Mitral Regurgitation)</u> INTERVAL BETWEEN ONSET AND DEATH <u>unk.</u> ANTECEDENT CAUSES <u>hypertension & chronic</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anasarca & pulmonary</u> DUE TO (c) <u>446X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 6, 1956</u> to <u>Jan 19, 1957</u> , that I last saw the deceased alive on <u>Jan 19, 1957</u> , and that death occurred at <u>7:40 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry Goskiting</u>				23b. ADDRESS <u>Festus Mo</u>		23c. DATE SIGNED <u>1/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 21, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Festus Methodist Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-20-57</u>		REGISTRAR'S SIGNATURE <u>E. L. VanBorine</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Vinyard Festus Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 1-24-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 46688

P. O. Address. Festus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.